



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

**MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) ANNUAL
STORMWATER MANAGEMENT PROGRAM REPORT FOR
COMPREHENSIVE PERMIT (MOR04C)**

FOR OFFICE USE ONLY	
PROJECT ID NUMBER	
DATE RECEIVED	

Part A – MS4 PERMIT HOLDER INFORMATION

1. MS4 NAME City of Jackson Small MS4		2. NPDES PERMIT NUMBER MOR04C013		3. MS4 UNIQUE ID NO. (If applicable – co-permittees only)	
4. ADDRESS 101 Court Street		5. CITY Jackson		6. STATE MO	7. ZIP CODE 63755
8. TELEPHONE NUMBER WITH AREA CODE 573-243-2300		9. NAME OF MS4 CONTACT PERSON Jeff Winders			
10. EMAIL OF MS4 CONTACT PERSON jwinders@jacksonmo.org					
11. Is the MS4 contact person listed above different from the most recent MS4 stormwater management program annual report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
12. Have any areas of the MS4 been added or removed from the MS4 jurisdiction due to annexation or other legal means since the most recent permit application (renewal, new, modification), or most recent MS4 stormwater management program annual report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please provide a map along with a brief description as an attachment.					

Part B – REPORTING REQUIREMENTS

1. Is your MS4 subject to a TMDL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes , you are required to submit the MS4 ARAP report annually. Reports are due Feb. 28 each year. See Part F of this form.	
2. Is your MS4 newly permitted (i.e., is this your first MS4 permit)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. If you are part of a co-permitted MS4 permit, will each co-permitted MS4 submit an individual stormwater management program report, or a combined MS4 stormwater management program report? <input type="checkbox"/> Individual <input type="checkbox"/> Combined	
4. Reporting period year (i.e., the previous year from January 1 st to December 31 st) BEGINNING: <u>1/1/2025</u> ENDING: <u>12/31/2025</u>	

Part C – STORMWATER MANAGEMENT PROGRAM PARTNERS

1. If another governmental entity implements any BMPs or MCMs for your stormwater program, please provide the following: a. Name of the government entity; b. Name of the primary contact for the government entity; c. Contact information (i.e., address, city, ZIP code, state, and phone number); and d. Specific best management practices or minimum control measures being implemented by the government entity.	
It is the responsibility of the permittee to provide all information under this report regardless if programmatic BMPs or MCMs are being implemented by another governmental entity. If an entire MCM is being implemented by an alternative governmental entity, please indicated that under the appropriate MCM below.	
2. Does the permittee currently utilize, or is working towards develop of an Integrated Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes , please provide a summary of the status of the Integrated Plan.	

PART D – MINIMUM CONTROL MEASURES, BEST MANAGEMENT PRACTICES, AND MEASURABLE GOALS EVALUATION

An attachment is necessary for many items under the MCMs below to provide information regarding the progress toward achieving the statutory goal of reducing the discharge of pollutants to the MS4 to the maximum extent practicable to the MS4. Provide additional informative data, success stories, and experiences that support the successful implementation of your stormwater management plan (SWMP).

MCM 1. Public Education and Outreach	
1. (4.1.A) Who are the target audiences? <u>Residents and Contractors/Developers</u>	
Were any changes made to target audiences during reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. (4.1.B) What are the target pollutants? Grass clippings, leaf litter, and sediment
Were any changes made to target pollutants during reporting period? Yes No

3. (4.1.C) Were any changes made to educational resources to be used as BMPs (materials, postings, etc.) in conjunction with the selected pollutants for the selected target audiences during reporting period? Yes No
If Yes, please include an attachment describing changes.

4. (4.1.D, 4.1.E) Were any changes made to involvement activities, or support to be used as BMPs (events, activities, etc.) in conjunction with the selected pollutants for the selected target audiences during reporting period? Yes No
If Yes, please include an attachment describing changes

5. (4.1.F) Were all BMPs for MCM 1 evaluated during reporting period? Yes No
If No, please include an attachment describing what BMPs were not evaluated and why.

6. Were the measurable goals for all BMPs for MCM 1 successfully reached? Yes No
If No, were the measurable goals or BMPs evaluated/modified in an effort for success in the next reporting period? Yes No
For each of the BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.

7. Were the BMPs for MCM 1 determined effective/successful for this reporting period? Yes No
If No, were the BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? Yes No

8. Were any changes made to MCM 1 during the reporting period that were not covered above, including the addition of programmatic BMPs?
 Yes No
If Yes, please include an attachment describing changes.

MCM 2. Public Involvement and Participation

1. (4.2.A, 4.2.B, 4.2.C) Completing 4.2.A-4.2.C in this form is only applicable during permit renewal OR as a result of major modification to the SWMP. If neither of these apply during this reporting period, please check N/A here and skip to 3 below. N/A

2. Was a public notice period held during reporting period? Yes No
Was the public notice posted on the MS4 website? Yes No
Was a public information meeting held for the public notice during this reporting period? Yes No
If Yes, what was the attendance for the meeting? _____
Were any comments received? Yes No If Yes, how many? _____

3. (4.2.D) Were any changes to publicly available method to accept public inquiries, or concerns, and to take information provided by the public about stormwater and stormwater related topics made during reporting period? Yes No
If Yes, please include an attachment describing changes.

4. Were all BMPs and tracking methods for 4.2.D evaluated during reporting period? Yes No
If No, please include an attachment describing what BMPs were not evaluated and why.

5. (4.2.E) Does the permittee utilize a stormwater management panel or committee during the reporting period? Yes No
If Yes, was the panel or committee determined to be effective/successful for this reporting period? Yes No
If the permittee does not currently utilize a stormwater management panel or committee, did the permittee evaluate the potential benefits of utilizing a stormwater management panel or committee? Yes No

6. Were any changes to 4.2.E made during reporting period? Yes No
If Yes, please include an attachment describing changes.

7. (4.2.F) On what date did the permittee provide an update to the governing board on the status of, or updates on, the Stormwater Management Program, including compliance with the program for this reporting period? _____

8. (4.2.I) Were all tracking mechanisms and databases for MCM 2 evaluated during this reporting period? Yes No
If No, please include an attachment describing why the mechanisms were not evaluated.

9. Were the measurable goals for all BMPs for MCM 2 successfully reached? Yes No
If No, were the measurable goals or BMPs evaluated/modified in an effort for success in the next reporting period? Yes No
For each of the BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.

10. Were the programmatic BMPs for MCM 2 determined effective/successful for this reporting period? Yes No
If No, were the BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? Yes No

11. Were any changes made to MCM 2 during the reporting period that were not covered above, including the addition of programmatic BMPs?
 Yes No
If Yes, please include an attachment describing changes.

12. (4.3.A) Were any changes to the storm sewer system map made during reporting period? Yes No

13. (4.3.C) Were any changes made to the ordinance for prohibition of non-stormwater into the storm sewer system during this reporting period? Yes No

14. (4.3.D) Was the measurable goal for dry weather field screening met? Yes No
If No, were the measurable goals evaluated/modified in an effort for success in the next reporting period? Yes No

<p>15. (4.3.H) Were the priority areas evaluated for this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, were the priority areas determined to be appropriate for the next reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No Will additional or new priority areas be identified for the next reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. (4.3.J) Were any illicit discharge investigations conducted during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were the investigation procedures, response times, and tracking mechanisms determined to be appropriate for the next reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, were the BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. (4.3.K) Were MCM 3 enforcement procedures evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>18. (4.3.L) Were all tracking mechanisms and databases for MCM 3 evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why the mechanisms were not evaluated.</p>
<p>19. (4.3.M, 4.3.Q) Were all outreach and internal training procedures for MCM 3 evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>20. Were the measurable goals for all BMPs for MCM 3 successfully reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the measurable goals or BMPs evaluated/modified in an effort for success in the next reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For each of the BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.</p>
<p>21. (4.3.N - 4.3.R) Were the programmatic BMPs for MCM 3 determined effective/successful for this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>22. Were any changes made to MCM 3 during this reporting period that were not covered above, including the addition of programmatic BMPs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>MCM 4. Construction Site Stormwater Runoff Control</p>
<p>1. (4.4.A) Were any changes to the ordinance for construction site stormwater made during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>2. (4.4.B) Were the pre-construction plan review procedures evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the review procedures were not evaluated.</p>
<p>3. (4.4.C) Were the procedures for construction site inspections, evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>4. (4.4.D) Were construction site enforcement procedures evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>5. (4.4.E) Were the procedures for requiring construction site operators to conduct site inspections evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>6. (4.4.F, 4.4.G) Were all tracking mechanisms and databases for MCM 4 evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why the mechanisms and/or databases were not evaluated.</p>
<p>7. (4.4.J) Were all procedures for public submittal of concerns or information related to construction sites evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>8. (4.4.K) Were all internal training procedures for MCM 4 evaluated for effectiveness during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the procedures were not evaluated.</p>
<p>9. (4.4.L) Were all procedures outlining the local inspection and enforcement for MCM 4 evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why the document(s) were not evaluated.</p>
<p>10. Were the measurable goals for all programmatic BMPs for MCM 4 successfully reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the measurable goals or programmatic BMPs evaluated/modified in an effort for success in the next reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For each of the programmatic BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.</p>
<p>11. (4.4.H, 4.4.I, 4.4.M) Were the programmatic BMPs and procedures for MCM 4 determined effective/successful for this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Were any changes made to MCM 4 during the reporting period that were not covered above, including the addition of programmatic BMPs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>MCM 5. Post-Construction Stormwater Management in New Development and Redevelopment</p>

<p>1. (4.5.A) Were any changes to the ordinance for post-construction runoff site stormwater made during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>2. (4.5.B) Were any changes to the permittee's strategy to minimize water quality impact made during this reporting period? This includes any policy or ordinance changes to either structural or non-structural controls. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>3. Were all strategies (programmatic BMPs) for 4.5.B evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing what BMPs were not evaluated and why.</p>
<p>4. (4.5.C) Were the pre-construction plan review procedures evaluated during this reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please include an attachment describing why these procedures were not evaluated.</p>
<p>5. (4.5.D) Were procedures for long-term operation and maintenance of the post-development BMPs evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why these procedures were not evaluated.</p>
<p>6. (4.5.E) Were the procedures for inspections or requiring inspections, evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why these procedures were not evaluated.</p>
<p>7. Were the measurable goals for all BMPs for 4.5.E successfully reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the measurable goals evaluated/modified in an effort for success in the next reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>8. (4.5.F, 4.5.G) Were compliance and enforcement procedures evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing what BMPs were not evaluated and why.</p>
<p>9. (4.5.H) Was the inventory of all post-construction BMPs, including the tracking mechanism, evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why these procedures were not evaluated.</p>
<p>10. (4.5.I) Were all tracking mechanisms for post-construction BMP inspections, including the tracking mechanism, evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing why these procedures were not evaluated.</p>
<p>11. (4.5.L) Were all training procedures for inspections evaluated for effectiveness during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No, please include an attachment describing why these procedures were not evaluated</p>
<p>12. Were the measurable goals for all programmatic BMPs for MCM 5 successfully reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the measurable goals or programmatic BMPs evaluated/modified in an effort for success in the next reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For each of the BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.</p>
<p>13. (4.5.J, 4.5.K, 4.5.M) Were programmatic BMPs and procedures for MCM 5 determined effective/successful for this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, were the programmatic BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>14. Were any changes made to MCM 5 during the reporting period that were not covered above, including the addition of programmatic BMPs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>MCM 6. Pollution Prevention/Good Housekeeping for Municipal Operations</p>
<p>1. (4.6.A) Did the permittee maintain and utilize an employee training program for MS4 municipal operations staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What date or dates was the training held during this reporting period? _____</p>
<p>2. Were any changes to the training program made during reporting this period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please include an attachment describing changes.</p>
<p>3. (4.6.B) Were the following topics covered during training for this reporting period?</p> <ul style="list-style-type: none"> • Vehicle and equipment washing; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Fluid disposal and spills; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Fleet, equipment, and building maintenance; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Park, open space maintenance procedures (including fertilizer, herbicide, pesticide application); <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • New construction, road maintenance, and land disturbances; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Stormwater system maintenance; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • MS4 operated salt and de-icing operations; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Fueling; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Solid waste disposal; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Street sweeper operations; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable • Illicit Discharges; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable
<p>4. (4.6.C) Were training materials, written procedures for the training program, and a schedule for topics evaluated during this reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please include an attachment describing what BMPs were not evaluated and why.</p>

5. (4.6.D) Was a list of municipal operations/facilities impacted by the MS4 permit maintained and evaluated during this reporting period?
 Yes No

6. (4.6.E) Was a list of all industrial facilities owned or operated by the permittee which are subject to NPDES permits for discharges of stormwater associated with industrial activity, maintained and evaluated during this reporting period? Yes No

7. (4.6.F) Were controls and procedures for reducing or eliminating the discharge of floatables and pollutants from municipal facilities evaluated during this reporting period? Yes No
 If **No**, please include an attachment describing what elements and procedures were not evaluated and why.

8. Were inspections conducted on these facilities at minimum annually? Yes No

9. Were the stormwater control measures and other programmatic BMPs for 4.6.E determined effective/successful for this reporting period?
 Yes No
 If **No**, were the BMPs, and procedures determined to be ineffective/unsuccessful evaluated for modification or replacement?
 Yes No

10. (4.6.G) Were procedures for proper disposal of waste removed from the MS4 structures and areas of jurisdiction evaluated during this reporting period? Yes No
 If **No**, please include an attachment describing why the procedures were not evaluated.

11. (4.6.H) Was washing of municipal vehicles and/or equipment taking place on a facility owned and/or operated by the permittee during this reporting period? Yes No
 If **Yes**, were procedures for proper disposal of wash water evaluated during this reporting period? Yes No
 If **No**, please include an attachment describing what procedures were not evaluated and why.

12. (4.6.I) Did the permittee maintain written Stormwater Pollution Prevention Plans or an Operations and Maintenance Manual for all applicable MS4 facilities during this reporting period? Yes No
 If **No**, please include an attachment describing why the document(s) were not created and/maintained.

13. Did the permittee evaluate the results, controls, and inspection procedures to ensure compliance with the permit and determine if changes are needed? This evaluation may also aid in finding priority areas or pollutants in relation to MCM 3, or adding more education in relation to MCM 1. Yes No
 If **No**, please include an attachment describing what BMPs were not evaluated and why.

14. (4.6.J) Were any new flood management projects reviewed or begun during this reporting period? Yes No
 If **Yes**, were procedures used to determine if there are impacts to water quality for the new project? Yes No

15. Were the measurable goals for all BMPs for MCM 6 successfully reached? Yes No
 If **No**, were the measurable goals evaluated/modified in an effort for success in the next reporting period? Yes No

For each of the BMPs under this MCM, please provide a brief summary of how the measurable goals were achieved and documented. For any BMPs where the measurable goals were not achieved, provide a brief summary of how the BMP evaluated/modified in an effort for success in the coming reporting year.

16. (4.6.K, 4.6.L, 4.6.M) Were BMPs for MCM 6 determined effective/successful for this reporting period? Yes No
 If **No**, were the BMPs determined to be ineffective/unsuccessful evaluated for modification or replacement? Yes No

17. Were any changes made to MCM 6 during the reporting period that were not covered above? Yes No
 If **Yes**, please include an attachment describing changes.

Part E – MONITORING DATA WATER SAMPLE(S) ANALYSIS

Please include monitoring data collected during the reporting period.

PARAMETER OR INDICATOR	FREQUENCY (Ongoing monitoring or single diagnostic event or date)	RESULT	DRY WEATHER SAMPLE?	WET WEATHER SAMPLE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Are any of the parameters being sampled due to the MS4 being subject to an established or approved Total Maximum Daily Load?
 Yes No
 If **Yes**, please indicate the parameter/pollutant.

2. Does the data support water quality attainment or support trend data toward water quality attainment?
 Yes No
 If **Yes**, please describe.

Part F – TOTAL MAXIMUM DAILY LOAD (TMDL) ASSUMPTIONS AND REQUIREMENTS ATTAINMENT (ARAP) PLAN

1. Is your MS4 subject to an established or approved TMDL? Yes No
 If **No**, please continue to Part G of this report.

2. Has the permittee submitted the TMDL ARAP to the Department for review and approval? Yes No
 If **No**, please submit the annual status report providing a brief update on the status of completion of the TMDL ARAP per 6.1.H of the permit.

PART G – SUBMIT REPORT TO:

The facility must register in the Department's eDMR system through the Missouri Gateway for Environmental Management (MoGEM) before the first report is due. Registration and other information regarding MoGEM can be found at; [MoGEM Splash Page](#). Information about the eDMR system can be found at [eDMR Splash Page](#). To access the eDMR system, use: [MoGEM Login](#).
 For assistance using the eDMR system, contact edmr@dnr.mo.gov or call 855-789-3889 or 573-526-2082.

OPTIONAL QUESTIONS REGARDING MILITARY SERVICE

Have you or an immediate family member ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, would you like information about military-related services in Missouri?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART H - CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OR PERMITTEE (LEGALLY RESPONSIBLE PERSON)	DATE SIGNED
NAME (PRINTED OR TYPED) Jeffrey L, Winders	TITLE City Engineer/MS4Coordinator